World Health Organization

European Region

European Immunization Agenda 2030 – implementation framework

ABSTRACT

This Implementation framework outlines the actions to be taken by the Member States, the WHO Regional Office for Europe and other key stakeholders to realize the vision and impact goals of the European Immunization Agenda 2030 (EIA2030) so that the Region achieves the full benefits of immunization. The framework elaborates: governance structures and platforms to enable oversight, management and strategic guidance to support attainment of the EIA2030 vision and impact goals; coordinated operational planning including identification of priority national actions by Member States and stakeholders to aid in developing and implementing NISs; a monitoring, evaluation and accountability (M&E/A) process and indicators to monitor and evaluate progress toward EIA2030 goals and implementation of SPs and facilitate corrective actions as needed; communication and advocacy to support delivery of national strategies and actions throughout the span of EIA2030.

KEYWORDS

IMMUNIZATION
VACCINE-PREVENTABLE DISEASES MEASLES
POLIOMYELITIS

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Abbreviations

AEFI	adverse event following immunization
DTP3	diphtheria/tetanus/pertussis vaccine, third dose
EIA2030	European Immunization Agenda 2030
EIW	European Immunization Week
EPW	European Programme of Work
ETAGE	European Technical Advisory Group of Experts on Immunization
HPV	human papillomavirus
JRF	WHO/UNICEF Joint Reporting Form
M&E/A	monitoring, evaluation and accountability
MCV	measles-containing vaccine
MOV	missed opportunities for vaccination
NIS	national immunization strategy
NITAG	national immunization technical advisory group of experts
PCV	pneumococcal conjugate vaccine
SDG	Sustainable Development Goal
SP	strategic priority
TPR	technical progress report
UNICEF	United Nations Children's Fund
VPD	Vaccine-preventable disease
VPI	Vaccine-preventable Diseases and Immunization Programme, WHO Regional Office for Europe
WIISE	WHO Immunization Information System

Introduction

The European Immunization Agenda 2030 (EIA2030) *(1)* was adopted in September 2021 by the 71st session of the WHO Regional Committee for Europe. Crafted by the Member States of the WHO European Region, EIA2030 outlines a vision and strategy for realizing the full benefits of immunization in the Region during the decade 2020–2030. It is one of the flagship initiatives of the European Programme of Work 2020–2025 – "United Action for Better Health in Europe" (EPW) *(2)*. Ensuring that all children in a country receive the immunizations they need on time is and must be a responsibility shared by public authorities and health agencies, private health-care providers, caregivers and parents, and the entire community. EIA2030 envisions contributing to a world where everyone, everywhere, at every age, fully benefits from vaccines for good health and well-being. EIA2030 was developed through extensive consultations between the WHO Regional Office for Europe and its Member States, regional and global partners, non-state actors, and intergovernmental and United Nations organizations.

The COVID-19 pandemic has negatively impacted the performance of the national immunization systems in many Member States in the Region. Based on lessons learned from implementation of the COVID-19 vaccine roll-out, EIA2030 aims to build stronger and more resilient immunization systems with a focus on immunization equity, life-course immunization, and tailored local solutions that address gaps in vaccine demand and acceptance in the population.

This EIA2030 Implementation Framework will serve as a guide and resource throughout the decade to ensure effective implementation of the agreed strategic priorities (SPs) in EIA2030, support Member States with the required technical assistance, and help guide all stakeholders in the Region to take the necessary actions to deliver on the SPs. It outlines the actions to be taken by the Member States, the Regional Office and other key stakeholders during the decade to realize the vision and impact goals of EIA2030 so that the Region achieves the full benefits of immunization. The Framework builds upon the existing immunization and related non-immunization strategies, drawing on current best practices and up-to-date technical guidance. The Framework will reinforce alignment across initiatives to eradicate, eliminate or control communicable diseases. It will be a living document that will be periodically reviewed in consultation with Member States and stakeholders to respond to the changing health and immunization context during the decade and will be revised, as needed.

Aim

Built through a truly bottom-up approach in consultation with the Member States and immunization stakeholders in the Region, the Framework is intended to guide the ministries of health and national immunization programmes during the decade to realize the vision and impact goals of EIA2030 and achieve the full benefits of immunization.

Objectives

The objectives of the Framework are to:

- elaborate the governance structures and articulate the roles of new and existing structures;
- provide an outline of coordinated and country-tailored actions to operationalize EIA2030;
- articulate the roles and contributions of Member States and other regional and global stakeholders to operationalize EIA2030;
- describe the monitoring, evaluation and accountability process at the regional and national levels;
- provide a resource repository for Member States to support them in developing and/or updating national immunization strategies (NISs).

Components

The Framework elaborates:

- governance structures and platforms to enable oversight, management and strategic guidance to support attainment of the EIA2030 vision and impact goals;
- coordinated operational planning including identification of priority national actions by Member States and stakeholders to aid in developing and implementing NISs;
- a monitoring, evaluation and accountability (M&E/A) process and indicators to monitor and evaluate progress toward EIA2030 goals and implementation of SPs and facilitate corrective actions as needed;
- communication and advocacy to support delivery of national strategies and actions throughout the span of EIA2030.
- Each of these components will support Member States and regional and global stakeholders to implement EIA2030, and when implemented together they will empower Member States to strengthen their routine immunization programmes to achieve the vision of EIA2030, as illustrated in Fig. 1. Coordination with other relevant health programmes at the national and subnational levels through policy convergence, harmonized operational guidance and technical assistance, joint resource mobilization and allocation will promote complementarity and efficiency and lead to greater demonstrable impact on public health.

Fig. 1: Components of the EIA2030 Implementation framework

Governance structures
Provides oversight, advice and management
Communication & advocacy
Stimulate and reinforce actions
Coordinated operational planning
Monitoring, evaluation & accountability
Measurement of progress against regional goals using SMART indicators
Drives
Action and impact from implementation of EIA2030

Note: SMART indicators are specific, measurable, achievable, relevant, and time-bound.

Governance structure at the national and regional levels

Successful implementation of EIA2030 including achieving the agreed goals will require strong leadership at the national, subnational and local levels and in the public and private sectors to build a comprehensive and collaborative primary health care system that can improve the delivery of immunization services to everyone everywhere in the Region.

The ministries of health in the European Region are responsible for the oversight and implementation of EIA2030, including managing national immunization programmes and policies in line with the governments' national health frameworks. The management structure which monitors implementation of health-care programmes in each country will also evaluate progress towards the EIA2030 goals and take appropriate context-specific measures involving local legislators and health officers to ensure that the benefits of vaccines reach everyone. This monitoring mechanism in Member States and implementation of EIA2030 more broadly also involve public health agencies at the national and subnational levels, national immunization technical advisory groups of experts (NITAGs), national regulatory agencies, medical and paramedical universities and other stakeholders — such as partners, donors, professional organizations and agencies, youth organizations, community-based and civil society organizations, and the private sector, as appropriate to the setting. The management structure should outline specific responsibilities for national and subnational entities and advocate for required operational and financial resources for the implementation of EIA2030 at the local level.

The WHO Regional Committee for Europe, WHO's decision-making body in the European Region, comprised of representatives of each Member State, will supervise progress made by the Member States in the implementation of EIA2030. In line with the responsibilities outlined in the adopted resolution on EIA2030 *(3)*, the Vaccine-preventable Diseases and Immunization Programme (VPI) of the Regional Office, as the Secretariat of EIA2030, will be responsible for coordinating and monitoring implementation of EIA2030. A high-level immunization board or similar political platform is envisioned to promote, in collaboration with the technical immunization advisory committees in the Regional Office, engagement and commitment at the highest political levels in all Member States to ensure that immunization remains a top priority in national health agendas. The board and committee members will visit Member States to promote and advocate for immunization strengthening to enable the timely achievement of the EIA2030 goals.

Operational planning for implementation of EIA2030

The goals and strategic priorities of EIA2030 will have to be translated into concrete actions through coordinated planning led by Member States together with regional and global immunization partners, civil society, community-based organizations and other national stakeholders. The operational planning to implement EIA2030 should involve seeking better understanding of national and subnational immunization needs, development and implementation of locally relevant actions to address identified programme performance gaps and setting of realistic national targets with committed resources to achieve them. The national planning processes should be informed by a situational analysis to identify the root causes of barriers to vaccine uptake and service delivery challenges. The planning processes in the Member States, including the development and/or updating of NISs, should draw on best practices (within the country and from other Member States) and up-to-date technical guidance.

EIA2030 has seven SPs, guided by seven core principles, aligned to the global Immunization Agenda 2030 *(4)*. The strategic priorities of EIA2030 are shown in Fig. 2. The SPs are oriented to achieving two overarching goals focused on preventing outbreaks of vaccine-preventable diseases (VPDs) and ensuring vaccine and immunization equity, thereby strengthening the provision of primary health care. With the aim of eradicating, eliminating or achieving optimal control of VPDs in the Region, an integrated people-centred approach should guide implementation of EIA2030 at every subnational level.

Fig. 2. EIA2030 strategic priorities

Primary health care and universal health coverage
Immunization programmes work in partnership and coordination with other health programmes, leveraging their respective capacities to deliver primary health care.
01
Commitment and demand
National leaders advocate for and demonstrate their commitment to immunization programmes and vaccination is valued and actively sought by all people.
02
Coverage and equity
Vaccination coverage is high, and all individuals have equitable access and high uptake of all vaccines in the national immunization schedule.
03
Life-course and integration
All people benefit from recommended immunization throughout the life-course and tailored immunization services are effectively integrated with other services within and outside the health sector.
04
Outbreaks and emergencies
Vaccine-preventable disease outbreaks are rapidly detected and responded to; immunization programmes remain resilient during emergencies.
05
Supply and sustainability
All countries have an appropriate and sustainable financing for immunization programmes.
06
Research and innovation
Operational research is used to increase the reach of immunization programmes, and impactful innovations are rapidly made available to all countries and communities.
07
Strategic priorities

Given the significance, value and impact of immunization on the performance of health systems, it is critical that during the operational planning for implementation of EIA2030, the ministries of health and stakeholders at national and regional levels consider possible areas for coordination and collaboration with other health programmes in the country to maximize the investments in both immunization and other relevant programmes. The opportunities for collaboration with other health programmes that could be considered include policy convergence of immunization and other related health programmes to increase programme efficiency and impact, harmonized technical guidance and coherence of monitoring and evaluation frameworks of immunization and other programmes to maximize demonstrable impact on population health.

Defining stakeholders roles and responsibilities in operationalizing EIA2030

The accountability mechanism within EIA2030 necessitates defining the roles and responsibilities of national, regional and supra-national stakeholders in its implementation. The responsibilities of the Member States and stakeholders, including partner agencies, national and regional institutes of public health, and civil society organizations are context specific. Suggested actions to be taken by the stakeholders to operationalize each of the SPs are outlined in Annex 1.

Each Member State will be responsible for the development and/or updating of their NIS, tailored to the country context, to enable equitable access and delivery of immunization services. The national immunization programme or the relevant technical unit within the ministry of health responsible for implementation and monitoring of the immunization programme lies at the centre of implementing EIA2030 in the country. Member States are responsible for developing immunization strategies, establishing or strengthening national monitoring and evaluation processes, developing advocacy and communication plans and outbreak preparedness and response plans, and ensuring adequate financing for immunization programmes at all levels. The implementation of the national immunization programme should be aligned with the overall national health monitoring, evaluation and accountability process and should include all relevant national and subnational stakeholders. National, regional and global partners (European Centre for Disease Prevention and Control, European Commission, United Nations Children's Fund (UNICEF), United States Agency for International Development, United States Centers for Disease Control and Prevention, WHO and others) and stakeholders will provide coordinated support to the Member States to meet EIA2030 goals. This support includes targeted need-based technical expertise, sharing of experiences, capacity strengthening, facilitation and support of activities related to advocacy and community engagement, and support with required financial resources, as need be. The tailored support (technical, capacity-building, financial and advocacy) by the partners and stakeholders will be guided by the needs of Member States and include regional communication and advocacy activities to build sustained momentum for immunization as a national health priority and to promote awareness of the importance of immunization throughout the Region.

Monitoring, evaluation and accountability

The M&E/A framework of EIA2030 comprises action-based indicators to monitor and evaluate progress toward EIA2030 goals and implementation of SPs. This M&E/A framework was defined through a consultative process with all stakeholders in the Region including the Member States, development partners and other non-state actors. To ensure a common understanding around immunization performance monitoring, a compendium of indicators *(5)* includes a detailed definition of each of the indicators, lists data sources for computation, and sets out the rationale and limitations of the use of the indicators.

The M&E/A indicators for EIA2030 were adapted from the IA2030 monitoring and evaluation framework *(6)* to reflect the regional context with a specific focus on the regional goals and SPs, while also fulfilling the requirement to contribute to the global monitoring effort.

The objective of the monitoring, evaluation and action cycles in the EIA2030 M&E/A framework is to empower immunization programmes at all levels to address three critical aspects:

- How are we doing? (monitor)
- How can we do better? (evaluate)
- Who is responsible, for doing what, and/or who else should be included and/or who should be empowered to make improvements? (act)

EIA2030 includes impact goals and a set of indicators to monitor progress against each of the SPs. EIA2030 goals complement the existing regional disease-specific goals, broader health goals, and the Sustainable Development Goals (SDGs). Annex 2 includes the definition and desired objective of each of the indicators used in the M&E/A framework of EIA2030.

M&E/A process at the regional level

During the implementation period of EIA2030, VPI – as EIA2030 Secretariat – will prepare an annual technical progress report (TPR). This TPR will outline progress against each of the indicators in the EIA2030 M&E/A framework, along with documentation of best practices and innovations devised by the Member States to address the unmet and/or emerging challenges. In addition to the TPR, the Regional Office aims to develop online interactive dashboards which will capture the overall immunization performance of the Region and of every Member State in the Region. The dashboards will leverage the WHO Immunization Information System (WIISE) to provide accessible data and offer progress visualization functionalities.

In developing the EIA2030 progress reports, a series of coordinated actions will be performed involving key stakeholders within the Region:

- By July and August each year, based on the submission of the vaccination coverage data by Member States, VPI will develop a draft report.
- In August/September each year, the EIA2030 implementing stakeholders at regional level will review the report and provide feedback to the Regional Office.
- In September/October each year, the progress report will be reviewed by the European Technical Advisory Group of Experts on Immunization (ETAGE). The EIA2030 TPR will be a standing agenda item during the annual ETAGE meeting to review the report and formulate its conclusion and recommendations.
- Following the ETAGE review, the TPR and recommendations from ETAGE will be published and disseminated to all Member States and immunization stakeholders in the Region. The results will also be shared and discussed during the next immunization programme managers' meeting hosted by WHO/Europe.
- Additionally, as part of the accountability mechanism of the EIA2030 M&E/A cycle (Fig. 3), starting from 2024, the annual TPR will include the status of implementation of ETAGE recommendations by the Member States.

Acting as the EIA2030 Secretariat, on a biannual (once every two years) basis, VPI will prepare progress reports on EIA2030 implementation in the Region for submission to and endorsement by the WHO Regional Committee for Europe.

Once the first half of the EIA2030 implementation period has been completed, the Regional Office will commission an independent evaluation. This mid-term report will document key milestones and accomplishments achieved to date and evaluate the Region's progress against the EIA2030 goals. The findings from the mid-term evaluation will support identification of corrective actions to enable improvements, where necessary, to achieve the goals of the EIA2030. ETAGE will provide technical oversight of this planned evaluation.

The M&E/A cycle at the regional level is illustrated in Fig. 3. This process will be reviewed periodically and modifications will be made, if need be, after consultation with Member States and regional stakeholders.

The Regional Office will ensure alignment between the EIA2030 and the global IA2030 M&E/A frameworks to avoid duplications in reporting mechanisms by the Member States. To enable consistency and streamlined reporting to regional and global levels, Member States will predominantly use the WHO/UNICEF Joint Reporting Form (JRF) to annually report data on progress towards the EIA2030 goals and implementation of SPs. Timely and complete reporting on the JRF by Member States is, therefore, essential to measuring EIA2030 progress. In addition to the data from the JRF, data and information provided through the VPD surveillance reports, reports of national disease eradication and elimination committees and through the SDG/EPW monitoring and evaluation frameworks will be used. The Regional Office will work with Member States to validate and analyse the information to evaluate progress against each of the EIA2030 indicators.

M&E/A process at the country level

An annual review of progress towards goals and implementation of the EIA2030 SPs, supported by a defined M&E/A framework, is a priority action in the Region. While the overall progress in the Region will be reviewed biannually by the WHO Regional Committee for Europe, Member States should regularly monitor key national and subnational performance indicators and undertake data-driven actions to identify and mitigate in a timely manner any programmatic shortfalls to strengthen immunization programme performance.

Member States will be responsible for developing a national M&E/A framework as part of the national immunization plan or strategy. The national M&E/A framework will outline the EIA2030 SPs relevant to the national and subnational context. The progress made against the national immunization plan or strategy should be monitored annually by the ministry of health. Each country's NITAG should also serve in an advisory role in the monitoring and evaluation process and support the translation of key findings into immunization policy recommendations at the national level. The results of the annual monitoring process should be shared with all national stakeholders, including relevant government agencies, the NITAG, interagency coordination committees (or other local coordination mechanisms), development partners and donors (where involved). Depending on the local context and needs, an external and independent entity could be engaged to review the progress of the national immunization programme performance and support developing programme improvement plans. Such an independent immunization programme review could be performed either as a standalone process or within the context of broader monitoring and evaluation processes of national health programmes.

Fig. 3. The M&E/A cycle at the regional level

1. Member State reporting through multiple channels

WHO analyses data and reviews data quality

2a. Annual Technical Progress Report (TPR)

Status update on progress against each EIA2030 indicator

2b. Biannual progress report

to WHO Regional Committee for Europe

3a. ETAGE reviews TPR and issues recommendations to accelerate progress

Follow up on implementation of recommendations starting from 2024

3b. Member States review and endorse progress report

at WHO Regional Committee for Europe

4. Dissemination of annual TPR through:

- publication of the report
- annual dissemination workshop
- online dashboards and country profiles

JRF: WHO/UNICEF Joint Reporting Form

Communication and advocacy

Ensuring ongoing participation and sustained commitment of Member States and other immunization stakeholders in the Region will be a key enabler for the success of EIA2030. Communication and advocacy activities are critical to drive political commitment and country ownership, and raise awareness about immunization and its benefits. Flexible and adaptable communication initiatives, which are tailored to a broad set of audiences, will be developed to support Member States in contextualizing data and scientific evidence, translating them into understandable messages and disseminating those messages across a variety of platforms. The communication and advocacy initiatives deployed to support the EIA2030 should be tailored at country level to the varied national and subnational contexts in the Region.

European Immunization Week (EIW) (every year in April) will play a key role in supporting EIA2030 implementation and in advocating for stronger and more resilient immunization programmes in the Region, including highlighting topical issues of relevance. EIW will continue to raise awareness of the importance of immunization in preventing diseases and protecting life, with an emphasis on addressing inequities in immunization to ensure a long and healthy life for everyone. During the celebration of EIW, Member States will engage with public health institutes, health-care professionals, policy- and decision-makers, as well as parents, caregivers and vaccine recipients. Key messages about vaccines and their role in protecting against VPDs will be disseminated during EIW and other opportunities throughout the year through a variety of formats, including information campaigns, interviews, technical meetings, expert panel debates, television programmes, scientific conferences, public events and other activities.

Activities centred around important milestones (e.g. certification of disease control goals) and events relevant to the EIA2030 (e.g. publication of the annual coverage estimates, Regional Committee reports on EIA2030, youth engagement activities or other events with non-traditional immunization partners) will sustain visibility and help maintain the required momentum for EIA2030 implementation. These efforts will help keep immunization high on national health agendas and initiate a social movement in support of immunization.

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Annex 1. EIA2030 strategic priorities and suggested actions of stakeholders

This annex includes activities and actions to be implemented by Member States (also referred to as countries), partners and stakeholders to effectively realize the goals and targets of each of the SPs of EIA2030. The listed activities are not intended to be exhaustive but to guide Member States and stakeholders in implementing EIA2030.

Strategic Priority 1. Primary health care and universal health coverage

Focus area	Member State actions	Partner organization/agency actions
1.1 Strengthen leadership, governance and management of immunization programmes		
1.1.1 Develop and/or update comprehensive NISs	• All Member States: ensure NIS and action plans, aligned with EIA2030 priorities, are tailored to the national context and aligned with national health plans. • Member States eligible for Gavi, the Vaccine Alliance (Gavi) support: move from comprehensive multi-year plans to developing NISs by leveraging global and regional technical guidance documents. • Non-Gavi eligible Member States: develop targeted immunization action plans to address identified challenges within national immunization system and programme delivery as appropriate to local context with special focus on unimmunized/under-immunized populations.	• Provide technical support in developing NISs and action plans, supporting their alignment with EIA2030 priorities. • Share technical guidance documents and tools to develop NISs.
1.1.2 Strengthen programme management capacity at national and subnational levels	• Strengthen immunization performance management through use of local data for decision-making, instituting management training of health-care professionals, performance feedback and high-level review meetings to monitor programme implementation. • Conduct advocacy for adequate resourcing of immunization programme workforce at all levels.	• Provide technical assistance to support national programme management strengthening initiatives including high-level advocacy for adequate resourcing of immunization programmes with a specific emphasis on middle-income economies.
1.1.3 Create coordination mechanisms with other relevant health programmes	• Establish mechanisms (e.g. health sector coordination committees) for collaboration between immunization and other relevant health programmes (maternal and child health, school and adolescent health, communicable disease management and emergency response, digital health) involving the ministry of health and non-health sectors (e.g. education, labour, social policy).	• Participate and ensure coordination and alignment between immunization and relevant health programmes within partner agencies to provide coordinated support for the implementation of EIA2030 activities and initiatives.
1.2 Expand and build the capacity of the health workforce to deliver high-quality immunization services		
1.2.1 Ensure an adequate number of health workers with appropriate competencies and training to deliver quality immunization services	• Conduct assessments of existing immunization workforce and its competencies vis-à-vis requirements, develop and implement action plans for building capacity of health workforce for optimal management and implementation of immunization programmes.	• Support resource mobilization and provide tools to perform health workforce assessments and develop action plans for training and competency development. • Provide guidance and establish a repository of best practices promoting health-care worker competency, retention and motivation.

1.2.2 Provide regular pre-service and in-service training to the entire health workforce	• Invest in and implement learning and performance management of immunization workforce using appropriate learning tools and approaches. • Use in-service training and supportive supervision to strengthen immunization service delivery and promote coordination and engagement between national immunization programme and family health practitioners. • Develop and update curricula to reach all undergraduate and post-graduate students in medical and related service education (e.g. medical, nursing, paramedical) on immunization-related knowledge and competencies.	• Develop and adapt learning and performance management tools, guidance and performance standards to support improved health workforce skills and performance to suit national context in line with national immunization strategies. • Develop model curricula and training modules on immunization for health workforce, including medical, nursing and paramedical students, to build knowledge on immunization, including interpersonal communication skills. • Provide support in tailoring learning approaches in countries to optimize health worker performance.
1.2.3 Ensure that national policies, practice guidelines, standard operating procedures and training curricula are regularly updated	• Consider using WHO competency framework to assess competency levels and use findings to develop action plans for continuous quality improvement. • Update curricula and structure training content and materials in line with chosen learning and performance management approaches.	• Develop resource repository for competency assessments and training resources to support health workforce performance strengthening initiatives. • Review and improve standard WHO health work force competency framework to cater to immunization workforce. • Provide technical assistance on and share learnings and good practices on health workforce curriculum development and training materials.
1.3 Enhance comprehensive surveillance of VPDs, strengthen immunization monitoring systems and reinforce surveillance investigation and response to adverse events following immunization (AEFIs)		
1.3.1 Strengthen comprehensive surveillance	• Assess the feasibility and implement transition towards a comprehensive surveillance system by integrating VPD surveillance into broader disease surveillance programmes. • Strengthen surveillance systems to achieve and sustain eradication and elimination quality surveillance for polio, measles and rubella.	• Provide guidance on scope and define quality parameters of comprehensive VPD surveillance, including requirements for disease eradication/ elimination standards surveillance activities in an integrated disease-specific surveillance system. • Provide technical assistance to achieve and sustain elimination quality surveillance for polio, measles and rubella.
1.3.2 Strengthen capacity at the national and subnational level to proactively interpret, analyse and triangulate surveillance data	• Strengthen competencies and capacity of staff who are involved in disease surveillance at national and subnational level to monitor, analyse and use surveillance data for a timely response to outbreaks and identify root causes for occurrence of VPD cases. • Implement and/or strengthen tools (i.e. dashboards) to improve data visualization and analysis. • Ensure adequate human resource capacity for data and analytics.	• Share WHO surveillance standards, and support Member States in monitoring and data analysis, including promoting continuous improvement in surveillance quality. • Support improving quality of data, visualization, analysis and use of data to identify unimmunized children and address reasons for under-vaccination and pre-empt outbreaks or initiate early action to reduce their impact.
1.3.3 Leverage digital technologies to improve immunization monitoring and VPD surveillance	• Establish action plans or include actions in their NIS which enable continuous improvement of immunization data and data management systems, including implementation of or strengthening digital immunization information systems. • Expand and mainstream digital tools and best practices used for COVID-19 vaccination and build upon use of electronic immunization certificate to include other routine vaccines. • Support availability of standardized digital tools to all immunization service providers in both public and private health sectors.	• Develop learning agenda from COVID-19 vaccine rollout and mainstream innovative digital monitoring systems, where feasible in collaboration with regional and global digital health initiatives. • Develop processes, indicators and tools to support assessment of electronic immunization information systems including electronic immunization registries to improve quality of national immunization data.
1.3.4 Improve the reporting of AEFIs, including investigation and response actions	• Establish action plans to achieve WHO standards for vaccine safety surveillance capacity, building on the expanded monitoring capacity and causality assessments established for COVID-19 vaccines. • Ensure local capacity to detect, investigate and respond to serious AEFI, including crisis communication, when required.	• Support establishing clear governance and organization design to perform high-quality pharmacovigilance activities, including clear responsibilities for both national immunization programmes and national regulatory authorities. • Support national and subnational capacity for vaccine safety surveillance, and AEFI detection, investigation and response.

Strategic Priority 2. Commitment and demand

Focus area	Member State actions	Partner organization/agency actions
2.1 Maintain and/or increase awareness of and commitment to immunization by political leadership		
2.1.1 Ensure decision-makers and national and subnational leaders remain committed	• Develop advocacy and communication plans that include activities targeted towards political leadership at all levels to maintain and/or increase awareness and commitment to immunization. • Implement advocacy and communications campaigns to generate political will and enable continued engagement (e.g. periodic immunization bulletin with information for policy-makers).	• Develop regional advocacy campaigns targeting political leaders to ensure immunization remains a priority on health agenda. • Support national immunization programmes and ministries of health to develop, design and implement immunization advocacy and communications action plans. • Engage regional partners and governing bodies to bring immunization into regional political agenda as one of priority health interventions.
2.2 Prepare and engage the entire health workforce to act as advocates for immunization		
2.2.1 Ensure that the entire health workforce has a comprehensive understanding of the value of immunization and has the capacity to effectively communicate the benefits of immunization	• Ensure pre-service and in-service trainings for health workforce include clear messaging about value of immunization and strengthen capability of health workforce in communicating effectively with the vaccine recipients. • Use health workforce trainings to address health worker concerns about safety and effectiveness of vaccines and vaccination. • Develop crisis communication plan and platform to enable coordinated response from all immunization stakeholders, both health and non-health actors.	• Support national immunization programmes and ministries of health with development of communication strategies, including crisis communication as part of new vaccine introduction and during any crisis event or outbreaks. • Build capacity of health workers and other functionaries as teachers, social workers and community health workers, etc. to engage with communities in addressing vaccine concerns. • Design immunization communication-focused training module for nurses and medical students, including incorporation of module into existing curriculum.
2.2.2 Provide health professionals with clear communication materials	• Develop and deliver immunization communication materials to health professionals to empower their engagement with vaccine recipients and caregivers.	• Support developing effective immunization communication guidance and materials tailored to country context.
2.3 Increase and sustain awareness of and demand for immunization in all communities and across the life-course		
2.3.1 Improve understanding of drivers, enablers and barriers for immunization	• Design and conduct formative research to understand community perceptions and sentiments about immunization.	• Support strengthening capacities of national immunization programme and other stakeholders in-country around conducting formative research on behavioural insights on immunization.
2.3.2 Utilize results to tailor interventions and frame communication messages	• Develop tailored interventions and communication strategies based on insights from formative research to address barriers to suboptimal vaccine uptake.	• Support developing and/or revising or adapting tools related to understanding of reasons for barriers to vaccination uptake, building upon innovative tools used for COVID-19 .

Strategic Priority 3. Coverage and equity

Focus area	Member State actions	Partner organization/agency actions
3.1 Achieve high and equitable coverage throughout the life-course		
3.1.1 Explore and strengthen a broad range of pathways, providers and nonconventional approaches for delivering immunization services	• Embed equity as intervention and principle in immunization policies, programme design, operational planning and implementation, and monitoring and evaluation, with special focus on communities often missed by routine immunization services and those affected by outbreaks of VPDs. • Identify non-health sector stakeholders and establish multisectoral approaches to create equity-based policies and design and deliver immunization programmes to address inequities.	• Support development of country-specific immunization strategies to achieve and sustain high vaccination coverage by addressing identified inequities.
3.1.2 Establish or update national policies and practices for catch-up vaccination	• Review and update national guidance, national immunization schedules and standard operating procedures to inform catch-up vaccination as part of routine immunization service delivery, for children, adolescents and adults.	• Support in providing access to regional and global guidance documents regarding catch-up vaccination and ensure national practices are aligned with regional and global guidance.
3.1.3 Leverage lessons learned from COVID-19 vaccination implementation to ensure national immunization programmes are resilient	• Leverage lessons learned from COVID-19 vaccination to identify new stakeholders and approaches to immunization service delivery to improve coverage, ensuring equity and strengthening life-course vaccination approach.	• Leverage lessons learned from COVID-19 vaccination and enhance capacity of ministries of health to establish and strengthen life-course approach to vaccination, including mainstreaming catch-up vaccination.
3.2 Utilize data, innovative strategies and tailored approaches to reduce the number of un- and under-vaccinated individuals in every community		
3.2.1 Use data from immunization programme performance monitoring, VPD surveillance, surveys and formative research to identify and characterize under-immunized, marginalized and vulnerable groups, and tailor immunization service delivery strategies	• Establish and/or update immunization data management processes and activities to analyse and triangulate local immunization performance and disease surveillance data to identify and characterize hard-to-reach and vulnerable populations. • Design surveys and formative research to address specific questions about hard-to-reach, vulnerable populations and any marginalized groups to generate new insights. • Support establishment and/or strengthening of national data analytics centres that provide disaggregated data to national immunization programmes to inform design of strategies to address inequities in vaccination.	• Strengthen capacity of relevant health-care professionals to triangulate and use data to ensure immunization equity; measles surveillance and coverage data could be used as a tracer and pathfinder to identify, address and monitor immunization inequity. • Finalize and implement use of regional equity guide to enable Member States to identify and respond to inequities in immunization. • Support Member States to improve quality of reported vaccination data.
3.2.2 Utilize data and evidence to update national policies and practices and support innovative approaches	• Use immunization data and findings from research to develop and/or update context-appropriate, tailored immunization service delivery strategies and policies to reach un- and under-immunized groups in different subpopulations. • Utilize subnational immunization data to support immunization planning and intervention design.	• Support any potential changes to national immunization strategies including guidance on innovative approaches to reach underserved populations (linked to refugee crises). • Support analysis of subnational measles epidemiological data (as a proxy for situation of other VPDs) to reassess immunization planning and strategies, and review measles immunization data from school-entry checks to inform timing of second measles-containing vaccine (MCV) dose and advise Member States on age-range for catch-up vaccination. • Support use of results of formative research to develop tailored and innovative approaches for immunization service delivery.

3.2.3 Establish and improve immunization information systems for automated reminders	• Consider establishing or updating immunization information systems to provide automatic reminders to improve timeliness and reduce drop-out rates; assess impact of this action in specific country context and consider additional approaches to reduce non- and under-vaccination across life-course.	• Provide technical assistance to develop or update immunization information systems. • Develop and implement roadmap on digitalization of immunization information systems.
3.2.4 Identify reasons for missed opportunities for vaccination (MOVs) and establish policies and strategies to reduce MOVs	• Use administrative vaccination data and formative research to understand drivers and barriers for MOVs. • Leverage findings to inform development of policies and strategies to reduce MOVs.	• Strengthen country capacity to triangulate and use data from different sources to assess and respond to MOVs.
3.2.5 Establish policies and provide training and guidance to health workers to minimize the impact of false contraindications	• Review and rationalize national policies on contraindications to immunization. • Develop guidance and conduct training to update health work force knowledge of contraindications to minimize impacts of false contraindications.	• Provide technical assistance to develop policies and guidance regarding vaccine contraindications.
3.3 Continue evaluating key evidence and needs for the addition of new vaccines to immunization schedules and developing related policy recommendations to optimize their use		
3.3.1 Continue to strengthen NITAGs or equivalent decision-making entities	• Continue to strengthen scope and capacity of NITAGs to provide evidence-based recommendations to ministry of health to support immunization policies and strategies. • Use available evidence to develop strategies for new vaccine introduction and immunization coverage improvements.	• Support enhancement of NITAG maturity – via training, twinning and guidance development – to leverage existing evidence and reviews. • Support decisions for introduction of new vaccines in pipeline (e.g. respiratory syncytial virus, adult tuberculosis).

Strategic Priority 4. Life-course and integration

Focus area	Member State actions	Partner organization/agency actions
4.1 Develop or update immunization policies to strengthen life-course immunization approaches and leverage the life-course platform for the delivery of catch-up vaccinations and booster doses		
4.1.1 Establish or update policies and strategies related to strengthening the life-course immunization platform to provide immunization beyond childhood and to provide catch-up vaccination for those who missed scheduled doses	• Develop or update national policies and strategies for life-course immunization to enable vaccination beyond early childhood by engaging NITAG in decision-making to prioritize populations for life-course vaccination. • Coordinate with school health, adolescent health and occupational health programmes to achieve policy convergence for vaccination in school-age children, adolescents and health workers. • Establish or strengthen immunization policies and delivery strategies for vaccination of older adults and other vulnerable populations (e.g. vaccination in residential facilities).	• Develop regional guidance on vaccination across life-course, with elements on governance and delivery strategies, and monitoring and evaluation framework. • Coordinate with countries to document innovative approaches and service delivery platforms used in provision of COVID-19 and influenza vaccinations.
4.2 Establish or strengthen integrated delivery points of contact between immunization and other health or non-health interventions across the life-course		
4.2.1 Leverage lessons learned from COVID-19 vaccination implementation to establish or strengthen vaccination throughout the life-course	• Document and consolidate lessons learned from COVID-19 vaccination implementation to strengthen national strategies for life-course vaccination (e.g. community outreach and awareness programmes, local immunization coordination councils).	• Document and disseminate lessons learned from COVID-19 vaccination implementation in Region, including specific Member State case studies to promote life-course approach to vaccination.
4.2.2 Raise awareness of the benefits of immunization beyond early childhood	• Develop and deploy educational and communication materials in local languages about benefits of vaccination across life-course, including web-based immunization calendar.	• Synthesize evidence on value of vaccination across life-course and disseminate to national immunization and other relevant health programmes.
4.3 Explore and formally establish collaborations within and outside the health sector to strengthen the life-course platform		
4.3.1 Explore and strengthen collaborations within and beyond the health sector to promote the life-course approach	• Create intersectoral collaborations with non-health stakeholders at national level who can support strengthening of life-course approach to immunization (e.g. education, military, social security programmes).	• Establish connections with regional stakeholders outside health sector to promote benefits of a life-course approach to immunization.

Strategic Priority 5. Outbreaks and emergencies

Focus area	Member State actions	Partner organization/agency actions
5.1 Ensure preparedness for vaccine deployment and vaccination in response to future pandemics, as well as capacity to rapidly detect VPD outbreaks, and implement a timely, high-quality response		
5.1.1 Evaluate and monitor data on the effectiveness of the implementation of national immunization policies to reduce the risks of VPD outbreaks	• Routinely monitor immunization coverage and VPD surveillance data at subnational levels to identify impending outbreaks that require mitigation measures. • Assess trends in immunization coverage and VPD surveillance data to monitor impact of outbreak prevention strategies and policies.	• Provide support in developing appropriate platform to monitor immunization coverage and VPD data and build capacity to develop timely action plan to prevent or respond to outbreaks.
5.1.2 Utilize research and surveillance data to identify underlying causes and inform revisions of policies and strategies to prevent or mitigate outbreaks	• Develop or strengthen use of surveillance data and methods/techniques to triangulate available coverage and surveillance data to identify and fill immunity gaps to prevent outbreaks of measles, rubella and other VPDs.	• Support capacity-building in using surveillance, serosurveys and other reliable data sources to prevent outbreaks of VPDs.
5.1.3 Proactively develop strategic approaches, policies and surge capacities to respond to outbreaks	• Develop or update outbreak preparedness strategies, policies and plans that enable rapid response to outbreaks; plans should leverage lessons learned from previous outbreaks and COVID-19 pandemic to define roles and responsibilities of health and non-health sector stakeholders. • Perform simulation exercises and outbreak response planning to ensure efficient and coordinated response and address any deficiency in implementation of response plan.	• Support review and development of polio and measles outbreak response plan with eventual transition to broader preparedness plans for VPD outbreaks involving all government agencies. • Support use of available evidence and implement evidence-to-recommendation modality for any potential changes to immunization strategies. • Support conducting simulation exercises for VPD outbreak response.
5.1.4 Increase country preparedness and enhance surveillance capacity for timely detection, investigation and optimal response to VPD outbreaks	• Strengthen capacity to enable timely detection, investigation and response to VPD outbreaks including adequate manpower in disease surveillance units conducting these critical activities. • Develop genomic surveillance approaches to support monitoring of communicable disease transmission; strengthen capacity for genomic surveillance for polio and measles within framework of elimination and eradication; consider extending use of this approach for other epidemic and pandemic prone diseases.	• Provide support in capacity-building in using genomic surveillance to monitor transmission of polio, measles and other epidemic prone diseases.
5.2 Ensure all vulnerable communities affected by conflict, disaster and humanitarian crises are vaccinated, using tailored approaches where necessary and appropriate		
5.2.1 Develop context-specific national immunization policies that ensure the inclusion of vulnerable communities	• Develop locally appropriate and adaptable immunization policies that are equitable and prioritize communities affected by conflict, disaster or other humanitarian crises.	• Support developing equitable and tailored immunization policies that are appropriately designed to meet needs of most vulnerable populations, informed by behavioural insights research. • Develop and share resource repository of latest global and regional policy and programmatic guidance documents for delivering vaccination to those affected by conflict, disaster and other humanitarian emergencies.

5.2.2 Coordinate with other health sector programmes and relevant partners to ensure that the delivery of immunization to vulnerable communities is part of the broader health service package	• Coordinate with other government departments and agencies to integrate immunization services and other health services offered to vulnerable communities within broader principle of primary health care and universal health coverage.	• Advocate for and engage with other regional and global stakeholders to promote integrated health service delivery to vulnerable communities.

Strategic Priority 6. Supply and sustainability

Focus area	Member State actions	Partner organization/agency actions
6.1 Ensure the timely availability of high-quality and affordable vaccines and related supplies at all levels by strengthening regulatory processes for vaccines, procurement capacity and mechanisms, vaccine supply chains and management information systems for logistics		
6.1.1 Strengthen the vaccine regulatory process and procurement capacity and mechanisms to enhance access to affordable and quality-assured vaccines and related supplies	• Establish links between national and regional regulatory bodies/agencies that produce, release and authorize use of prequalified vaccines by WHO and other WHO-listed authorities. • Revise existing and/or develop new procurement policies and processes to ensure predictable access to vaccine supply at affordable prices. • Establish policies and initiate actions to enable transparency in supply and price agreements with vaccine manufacturers. • Explore development of legislation and associated mechanisms to support improved access to key existing and pipeline vaccines.	• Establish regional mechanisms to strengthen links with regulatory bodies in Region and beyond for sharing of authorization documents of prequalified vaccines. • Assess barriers and promote access to affordable vaccines of assured quality, including documentation of risks and domain of varied procurement mechanisms. • Support policy changes and improvements in procurement processes, and promote price and supply transparency including sharing of good practices from within Region and beyond.
6.1.2 Support local manufacturing capacity for vaccines where appropriate	• Conduct mapping of existing and potential local vaccine manufacturers, their products and manufacturing capabilities. • Assess vaccine supply security, sources and prices to understand potential risks and perform feasibility assessments for local manufacturing to address identified risks.	• Support feasibility, making of investment case and capacity-building towards initiating and sustaining local and regional vaccine manufacturing.
6.1.3 Strengthen vaccine supply chains and logistics management information systems	• Conduct assessments and establish action plans to strengthen logistics management information systems, including use of electronic systems to improve stock visibility and mitigate vaccine stockouts at national, regional and local levels. • Perform periodic assessments of national vaccine supply chain performance to identify areas for improvement and support effective vaccine management.	• Explore options to establish vaccine stockpiles for outbreak preparedness and response. • Support institutionalizing supply chain management and promote periodic evaluation of vaccine management systems to enable continuous quality improvement. • Provide technical assistance to develop logistic management information systems.
6.1.4 Monitor and document any reported vaccine shortages to facilitate timely actions to mitigate risks	• Monitor vaccine consumption and stocks at all administrative levels to inform timely actions for uninterrupted supply of vaccines and immunization logistics.	• Support assessment of barriers to ensure sustained access to affordable vaccines of assured quality, including exploring options for pooled-procurement mechanisms during public health emergencies.

6.2 Ensure allocation of sufficient financial resources to meet the needs of immunization programmes in all Member States and increase immunization expenditure including from domestic resources		
6.2.1 Support Member States to make the case for investment in immunization within the domain of primary health care	• Develop investment cases that demonstrate the value of immunization and its role as a pillar of primary health care for advocating to key decision-makers involved in financing of immunization. • Disseminate investment cases to key local decision-makers (e.g. ministry of health, ministry of finance) and stakeholders to generate political will for continued support for immunization services and allocation of required financial resources.	• Support development of investment cases for resource mobilization and garner political commitment. • Develop resource repository of tools and best practices to support investment case development and sample investment cases.
6.2.2 Strengthen resource mobilization through innovative financing solutions	• Perform regular immunization programme costing exercises, identify resource gaps and find allocation efficiencies that mobilize resources to fill financial shortfalls.	• Support in-country costing exercises and identification of resource gaps and allocative efficiencies, and use outputs for resource mobilization.
6.2.3 Support Member States transitioning from donor support with institutionalized processes and capacity-building on immunization economics to ensure the sustainability of immunization programmes	• Leverage dialogue with decision-makers in countries receiving external donor support to undertake necessary actions to achieve financial self-sufficiency.	• Assist two remaining Gavi-supported countries in achieving financial sustainability and with sustaining use of vaccines introduced with Gavi support. • Develop technical guidance on financial sustainability and immunization planning. • Develop technical assistance plans to help improve immunization programme efficiency.

Strategic Priority 7. Research and innovation

Focus area	Member State actions	Partner organization/agency actions
7.1 Conduct operational, implementation or formative research to identify drivers for and barriers and challenges to achieving high and equitable coverage, and utilize research results to identify solutions and tailor strategies to increase coverage		
7.1.1 Promote and conduct operational, implementation and formative research, particularly in reference to vaccine demand and acceptance	• Conduct operational research to understand barriers and drivers and programmatic inefficiencies of immunization services to be addressed by national immunization programme.	• Develop guidance and tools to support national immunization programme and other national stakeholders to implement operational research to understand barriers, drivers and programmatic inefficiencies.
7.1.2 Conduct scientific studies on increasing efficiency and safety of immunization practices	• Perform operational research and optimize use of serosurveys and data to identify and mitigate national and subnational immunity gaps.	• Support operational research to tailor immunization actions to improve programme efficiency.
7.2 Establish and strengthen institutional capacity at all levels to identify research priorities, manage research and innovation, and conduct research activities		
7.2.1 Enhance the institutional capacity of the national and regional research and public health institutes to conduct operational and formative research	• Establish collaborations with other national and regional research entities to promote joint research and knowledge transfer, and enhance local research capacity. • Strengthen capacity of national research and public health institutes to conduct operational and formative research.	• Support knowledge sharing and capacity-building of national and regional stakeholders to enhance capacity to conduct operational and formative research.

7.3 Evaluate and scale up potential health and technology innovations to improve the efficiency of immunization programmes		
7.3.1 Conduct continuous and scientifically founded evaluation of vaccines and/or innovative technologies to facilitate inclusion and scale-up of locally relevant innovations in immunization programmes	• Perform evaluations of vaccines, vaccination and/or innovative technologies to facilitate new vaccine introductions, product changes and scale-up of new vaccine innovations.	• Support the feasibility and understanding of how innovative health technologies could be introduced and/or scaled up to address immunization inequity and/or gaps.

Annex 2. Monitoring indicators for EIA2030

Goal/strategic priority	Desired impact/strategic objective	Indicator code	Indicator name
Goal 1. Disease control	Control, eliminate or eradicate specific VPDs	Impact 1	Sustained polio-free status in the European Region
		Impact 2	Percentage of countries that have achieved and sustained measles and rubella elimination
		Impact 3	Percentage of countries that have achieved the regionally established hepatitis B control target
		Impact 4	Percentage of Member States that have achieved global human papillomavirus (HPV) immunization targets
	Reduce VPD outbreaks	Impact 5	Trend in number of reported VPD outbreaks
Goal 2. Equity and strengthening of primary health care	Equitable access: leave no one behind	Impact 6	Percentage of Member States with evidence of under-immunized populations at subnational levels
	Strengthen primary health care: immunization delivery across the life-course	Impact 7	Percentage of Member States that have achieved coverage target with vaccines included in national immunization schedules (DTP3, MCV2, HPVc, PCV3)
SP 1. Primary health care and universal health coverage	Strengthen leadership, governance and management of immunization programmes	SP1.1	Percentage of Member States with evidence of programmatic decisions at national and subnational levels based on available data and evidence
	Expand and build the capacity of the health workforce to deliver high-quality immunization services	SP1.2	Density of health workers (physicians, nurses, midwives) per 10 000 population
	Enhance comprehensive surveillance of VPDs, strengthen immunization monitoring systems, and reinforce surveillance investigation and response to AEFIs, with adequate provisions of personal data protection, as appropriate	SP1.3	Percentage of Member States conducting periodic VPD surveillance assessment or review
		SP1.4	Percentage of Member States with at least one documented individual serious AEFI case safety report per million total population
SP2. Commitment and demand	Maintain and/or increase awareness of and commitment to immunization by political leadership	SP2.1	Percentage of Member States with legislation that is supportive of immunization services covering population across the life-course
	Increase and sustain awareness of and demand for immunization in all communities and across the life-course	SP2.2	Percentage of Member States that have conducted formative research to understand barriers and enablers for vaccine uptake for one or more vaccines and implemented tailored strategies based on the findings for improving immunization uptake
SP3. Coverage and equity	Achieve high and equitable coverage throughout the life-course	SP3.1	Percentage of Member States with an evidence-based and funded immunization plan to improve immunization coverage in high-risk communities (unimmunized or under-immunized)
	Utilize data, innovative strategies and tailored approaches to reduce the number of un- and under-vaccinated individuals in every community	SP3.2	Percentage of Member States with evidence of under-immunized populations at subnational levels

SP4. Life-course and integration	Develop or update immunization policies to strengthen life-course immunization approaches and leverage the life-course platform for the delivery of catch-up vaccinations and booster doses	SP4.1	Percentage of Member States achieving coverage targets for MCV2, HPVc and seasonal influenza vaccine as per disease-specific control strategies (95% MCV2, 90% HPVc and 75% influenza)
	Establish or strengthen integrated delivery points of contact between immunization and other health or non-health interventions across the life-course, by leveraging lessons learned from COVID-19 vaccination	SP4.2	Percentage of Member States with national policy outlining integration of immunization service delivery for all age groups with primary health care services to prevent missed opportunities
	Explore and formally establish collaborations within and outside the health sector to strengthen the life-course platform	SP4.3	Percentage of Member States with key WHO-recommended vaccines (PCV, rotavirus, HPV, including other newer recommended vaccines, as the case may be) in their national immunization schedule
SP5. Outbreaks and emergencies	Ensure preparedness for vaccine deployment and vaccination in response to future pandemics as well as capacity to rapidly detect VPD outbreaks, and implement a timely, high-quality response	SP5.1	Percentage of polio and/or measles outbreaks that are met with timely detection and response (includes outbreaks with an outbreak response immunization campaign)
	Ensure all vulnerable communities affected by conflict, disaster and humanitarian crises are vaccinated, using tailored approaches	SP5.2	Percentage of Member States with contingency plans to sustain immunization services during a humanitarian crisis or emergency
SP6. Supply and sustainability	Ensure the timely availability of high-quality and affordable vaccines and related supplies at all levels by strengthening regulatory processes for vaccines, procurement capacity and mechanisms, vaccine supply chains and management information systems	SP6.1	Number of stockouts lasting > 1 month linked to procurement delays or lack of funding
	Ensure allocation of sufficient financial resources to meet the needs of immunization programmes in all Member States and increase immunization expenditure including from domestic resources	SP6.2	Percentage of Member States whose domestic government and donor expenditure on primary health care increased or remained stable
		SP6.3	Percentage of Member States whose domestic vaccine expenditures increased or remained stable
SP7. Research and innovation	Establish and strengthen capacity at all levels to identify priorities for innovation, and to create and manage innovation; develop new vaccines and technologies, and improve existing products and services for immunization programmes	SP7.1	Percentage of Member States that have conducted and applied findings from operational programmatic and/or behavioural research to improve programme performance

DTP3: diphtheria/tetanus/pertussis vaccine, third dose; HPVc: HPV vaccine, final dose; MCV2: measles-containing vaccine, second dose; PCV3: pneumococcal conjugate vaccine, third dose; SP: strategic priority.

Note: SP1.4 indicator (Percentage of Member States having electronic vaccine and supply stock management system at all administrative and service delivery levels) in the original proposal was excluded due to limited scope and potential reporting challenges. For more details, please refer to the Compendium of Indicators for the Monitoring and Evaluation Framework of the European Immunization Agenda 2030. Copenhagen: WHO Regional Office for Europe; 2024 (*5*).

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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Azerbaijan
Belarus
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Bosnia and Herzegovina
Bulgaria
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Denmark
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Finland
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Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
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